(c) whether Government are preparing a joint programme with the Ministries of Tourism an Civil Aviation to bring more tourists in the health sector?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) The Government is aware that certain hospitals in India are offering quality medical care in areas such as Cardiac Surgery, Ophthalmology etc. at a fraction of the cost incurred in developed countries. A report commissioned by the Confederation of Indian Industry in association with M/s Mskinsey has outlined the great potential for medical tourism in India due to a strong value preposition on cost, quality and services.

It is the endeavor of the government to provide quality medical care to all citizens and also to promote the use of quality facilities for treatment of needy patients from other countries. For this purpose, India is one of the few countries to have given a commitment for allowing foreign investments in the hospital sector with a cap on foreign equity to the extent on 51%. Foreign equity investment of upto 100% is allowed with FIPB clearance in the Hospital Sector. A new scheme has been introduced as per the new EXIM policy which provides for duty free imports equivalent of 10% of average foreign exchange earning in preceding three years by health service providers.

It is felt that as more and more investment comes into the hospital sector both from private and public sources, India's potential in medical tourism will continue to expand.

Separate OPD for CGHS beneficiaries

†2293. SHRI ABHAY KANT PRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to set up separate O.P.D. wings in the Lady Harding and Kalavati Bal Saran Hospital, Delhi for the C.G.H.S. Card holders;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

†Original notice of the question was received in Hindi.

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) to (c) No, Sir. Since, at present only very few CGHS Card holders attend these hospitals setting up a separate OPD for CGHS Card holders may not be cost effective.

Causes of death of pregnant women

†2294. SHRI DATTA MEGHE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the reasons behind the death of pregnant women alongwith the number of deaths as a result thereof during the year 2002-03 till June this year;

(b) whether there has been any increase or decrease in such cases during the last two years; and

(c) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) Based on the data provided by the Sample Registration System-1998, of the Registrar General of India, the major causes of deaths of pregnent women are:

1. Direct Causes: Haemorrhage, infections, Obstructed Labour, Unsafe Abortion, Toxemia of Pregnancy etc.

2. Indirect Causes: Anaemia, Viral Heapatitis, Tuberculosis and Malaria.

In addition to the above, socio economic causes like early age of marriage, adolescent pregnancy, low status of women, low level of female education, lack of access to health services, gender bias and economic dependency also contribute to maternal mortality.

The exact number of cases of deaths of pregnant women in the country in the year 2002-03 till June, is not available. The Sample Registration System as mentioned above reported the maternal mortality ratio as 407 for the year 1998. Based on this, it is estimated the above. 1.1 lakh women in India die every year due to cause related to pregnancy and childbirth.

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†Original notice of the question was received in Hindi.